

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 176
Registered No. 577

1. PLACE OF BIRTH

County PimaState Arizona

District or Township

or Village

City MiamiNo. 104 Pinto St - Box 1013 St.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Alcala

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.male

4. Twin, triplet or other

6. Legitimate?

5. No., in order of birth

7. Date

of birth

XI - 17 - 1929
Month Day Year

8.

FATHER

Full name

Pedro Alcala

14.

MOTHER

Full maiden name

M de los Angeles Gutierrez

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Fla.

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Fla.

10. Color or race

Mexican11. Age at last birthday 38 (Years)

16. Color or race

Mexican17. Age at last birthday 38 (Years)

12. Birthplace (city or place)

(State or country)

Jalostotitlan Jalisco - Mexico

18. Birthplace (city or place)

(State or country)

Jalostotitlan Jalisco - Mex

13. Occupation

Nature of industry

miner

19. Occupation

Nature of industry

house wife20. Number of children of this mother 6

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 6(b) Born alive but now dead 1(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum.

prophylactic

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was

born alive
(Born alive or stillborn)at 5 p. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

J. Jimenez Alvarado M. D.

Given name added from a supplemental report

Month, day, year

Address

Box 1666

(Physician or midwife).

Registrar

Filed

Jan 14, 1929O. E. Jones

Registrar

711-1117-479